

PART B - FEE(S) TRANSMITTAL

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42144 7590 05/11/2007

RAYTHEON COMPANY
870 WINTER STREET
WALTHAM, MA 02451-1449



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Trish McHugh	(Depositor's name)
<i>Trish McHugh</i>	
(Signature)	
6-7-07	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
05/944,530	09/11/1978	ARENTH. KITS VAN HEYNINGEN		4963

TITLE OF INVENTION: DUAL CHANNEL DELAY SENSING CIRCUIT

06/12/2007 EHAILE2 00000041 05944530

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAYMENT(S) DUE	TOTAL FEE(S) DUE	DEPO. DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	08/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PIHULIC, DANIEL T	3662	367-125000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1</u> Daly, Crowley, Moford & Durkee, LLP
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2</u> _____
	<u>3</u> _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Raytheon Company

Waltham, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500845 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date June 7, 2007

Typed or printed name Donald F. Mofford

Registration No. 33,740

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	05/944,530
	Filing Date	September 11, 1978
	First Named Inventor	Arent H. Kits Van Heyningen
	Art Unit	3662
	Examiner Name	Daniel T. Pihulic
Total Number of Pages in This Submission	2	Attorney Docket Number
		RTN-370PUS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC Appeal Notice, Brief, Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): PTOL-85 Form, Part B - Issue Fee Transmittal; Return Receipt Postcard
<input type="checkbox"/> Remarks In the event a petition for extension of time is required by this paper and not otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Daly, Crowley, Mofford & Durkee, LLP	
Signature		
Printed name	Donald F. Mofford	
Date	2 JUNE 2007	Reg. No. 33,740

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Signature		
Typed or printed name	Trish McHugh	Date 6-7-07

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